



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

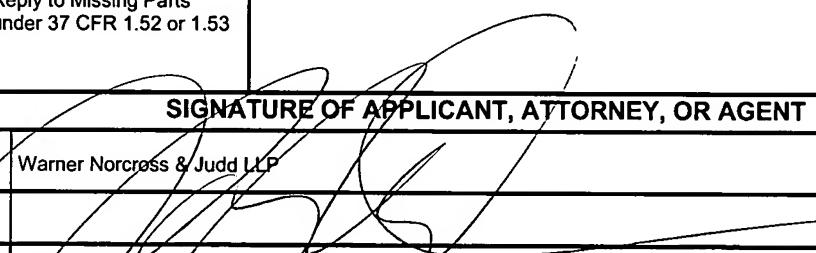
## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/633,770
		Filing Date	August 4, 2003
		First Named Inventor	Jeremy J. Gauthier et al
		Art Unit	3636
		Examiner Name	Sarah C. Burnham
Total Number of Pages in This Submission	15	Attorney Docket Number	45781.78960-001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Warner Norcross & Judd LLP		
Signature			
Printed name	J. Ray Wood		
Date	11-24-2004	Reg. No.	36,062

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	J. Ray Wood	Date	11-29-2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DEC 02 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PATENT &amp; TRADEMARK OFFICE

# FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 88.00)

### Complete if Known

Application Number	10/633,770
Filing Date	08-04-2003
First Named Inventor	Jeremy J. Gauthier
Examiner Name	Sarah C. Burnham
Art Unit	3636
Attorney Docket No.	45781.78960-001

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order

Deposit Account  None

Deposit Account Number 23 0457  
Deposit Account Name Warner Norcross & Judd LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  
 Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): \_\_\_\_\_

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

**Subtotal (1) \$ 0.00**

**Subtotal (2) \$ 88.00**

#### 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44
<b>Total Claims 29</b>	<b>Extra Claims 0</b>	<b>Fee (\$ 0.00)</b>
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims 4</b>	<b>Extra Claims 1</b>	<b>Fee (\$ 88.00)</b>
HP = highest number of independent claims paid for, if greater than 3		
<b>Multiple Dependent Claims</b>	<b>Fee (\$ 0.00)</b>	<b>Fee Paid (\$ 0.00)</b>

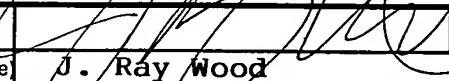
**Subtotal (2) \$ 88.00**

#### 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			

**Subtotal (3) \$ 0.00**

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,062	Telephone 616.752.2167
Name (Print/Type)	J. Ray Wood		Date 11-29-2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



1/PW

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Sarah C. Burnham  
Art Unit : 3636  
Applicants : Jeremy J. Gauthier et al  
Serial No. : 10/633,770  
Filing Date : August 4, 2003  
Attorney Docket No. : 45781.78960-001  
For : HEAD RESTRAINT MECHANISM AND  
METHOD FOR MAKING SAME

MS AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE

In response to the Office Action mailed October 18, 2004, the period for response being until January 18, 2005, please amend the above-identified application as follows:

In the Drawings

Enclosed are three (3) sheets of formal drawings to be substituted for the informal drawings used in filing. The Examiner's approval of the enclosed drawings is respectfully requested.

In the Claims

Please amend the claims as set forth in the following pages.

[The remainder of this page is intentionally blank.]